

Statement of Organization Recipient Committee

(Government Code Sections 84101-84103)

WHERE TO FILE:

File original and one copy of this form with: Secretary of State Political Reform Division P.O. Box 1467 Sacramento, CA 95812-1467

STATEMENT OF ORGANIZATION

Date Stamp RECEIVED OCT 26 1995 CITY CLERK CALIFORNIA 1994 FORM 410 For Official Use Only

Amendment Check box if an Amendment and enter I.D. number: #

And, if applicable, file one copy of this form with: The city or county officer, if any, who receives the committee's original campaign disclosure statements.

Type or print in ink

SEE INSTRUCTIONS ON REVERSE

I Committee Information

II Treasurer and Other Principal Officers

Date Qualified as Committee (Month, Day, Year) Check box if not yet qualified

NAME OF TREASURER RONALD STUART

NAME OF COMMITTEE Political Action Comm of Palm Springs Police Assoc

MAILING ADDRESS [REDACTED] CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

ADDRESS OF COMMITTEE (NOT P.O. BOX) NO. AND STREET 200 S. CIVIC DR P.O. Box [REDACTED]

MAILING ADDRESS [REDACTED] CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

CITY STATE ZIP CODE AREA CODE/PHONE NUMBER PALM SPRINGS, CA 92263 [REDACTED]

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S)

COUNTY OF DOMICILE COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE RIVERSIDE

MAILING ADDRESS CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX P.O. Box [REDACTED]

Attach additional information on appropriately labeled continuation sheets.

CITY STATE ZIP CODE AREA CODE/PHONE NUMBER PALM SPRINGS, CA 92263 [REDACTED]

III Disposition of Surplus Funds You must specify what disposition will be made of leftover campaign funds, if any, at termination.

NO MONEY WILL BE LEFTOVER / ANY LAWFUL USE.

IV Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10-8-95 At Palm Springs, CA By [REDACTED] Executed on 10-8-95 At Palm Springs, CA By [REDACTED] Executed on At City and State By Signature of Controlling Officer, Candidate, or State Measure Proponent

FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT.

**Statement of Organization  
Recipient Committee**

STATEMENT OF ORGANIZATION

CALIFORNIA  
ELECTIONS  
**410**

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Page 2

I.D. NUMBER (IF AMENDMENT)

NAME OF COMMITTEE

**POLITICAL ACTION Comm OF THE PALM SPRINGS POLICE OFFICERS' ASSOC**

**V Type of Committee Completing This Statement:**

COMPLETE THE APPLICABLE SECTION(S). MORE THAN ONE CATEGORY MAY BE APPLICABLE TO YOUR COMMITTEE. SEE REVERSE FOR IMPORTANT INFORMATION AND DEFINITIONS OF THE COMMITTEES LISTED BELOW.

**Controlled Committee**

- If this committee is controlled by one or more officeholder(s) or candidate(s), list the name of each controlling officeholder or candidate. Also list the elective office sought or held, and district number, if any, for each individual.
- If this committee is controlled by one or more officeholder(s) or candidate(s) for partisan office, list the political party with which each officeholder or candidate is affiliated. An officeholder or candidate not holding or seeking a partisan office must indicate "non-partisan."
- If this committee is controlled by a state measure proponent, list the name of the state measure proponent. If this committee is controlled by more than one state measure proponent, list the name of each state measure proponent.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT/COMMITTEE	PARTY	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)

**Primarily Formed Committee**

If primarily formed to support or oppose specific candidates or measures, list the candidates or measures below:

CANDIDATE'S NAME OR MEASURE'S FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE'S OFFICE SOUGHT OR HELD OR MEASURE'S JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE

**General Purpose Committee**

If not formed to support or oppose specific candidates or measures, check ONE box to indicate if this is a:  CITY Committee or  COUNTY Committee or  STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

**TO SUPPORT ISSUES + CANDIDATES WHO FAVOR STRONG PUBLIC SERVICE SUPPORT**

**Sponsored Committee**

Provide the name and address of the sponsor. If the committee has more than one sponsor, provide names and addresses on appropriately labeled attachment.

NAME OF SPONSOR:	INDUSTRY GROUP OR AFFILIATION OF SPONSOR:
ADDRESS OF SPONSOR: NO. AND STREET CITY STATE ZIP CODE	

**Broad Based Committee**

If this is a broad based committee and wishes to make contributions to candidates in excess of the \$2,500 contribution limit in connection with a special election, check the box below and enter the date on or before which the committee qualified as a broad based committee. (If the committee is not a broad based committee, or does not wish to make contributions in excess of the \$2,500 limit, do not complete this section.)

- Check box if this is a broad based committee. Enter the date on or before which the committee qualified as a broad based committee:
- Check box if this committee no longer qualifies as a broad based committee.

(Month, Day, Year)